



06-02-05

Date

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/992,174
Filing Date	11/14/2001
First Named Inventor	Mario A. Moscarello
Art Unit	1641
Examiner Name	Gary W. Counts
Attorney Docket Number	2132.024

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OFFICE OF PETITIONS

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McHale & Slavin, P.A.		
Signature			
Printed name	Ferris H. Lander		
Date	5/31/2005	Reg. No.	43,377

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

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PTO/SB/17 (10-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 930.00)

Complete if Known

Application Number	09/992,174
Filing Date	11/14/2001
First Named Inventor	Mario A. Moscarello
Examiner Name	Gary W. Counts
Art Unit	1641
Attorney Docket No.	2132.024

JUN 06 2005

OFFICE OF PETITIONS

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	50-1803
Deposit Account Name	Syn X Pharma, Inc.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee			
1002 350	2002 175	Design filing fee			
1003 550	2003 275	Plant filing fee			
1004 790	2004 395	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 430	2252 215	Extension for reply within second month			
1253 980	2253 490	Extension for reply within third month			
1254 1,530	2254 765	Extension for reply within fourth month			
1255 2,080	2255 1,040	Extension for reply within fifth month			
1401 340	2401 170	Notice of Appeal			
1402 340	2402 170	Filing a brief in support of an appeal			
1403 300	2403 150	Request for oral hearing			
1451 1,510	1451 1,510	Petition to institute a public use proceeding			
1452 110	2452 55	Petition to revive - unavoidable			
1453 1,370	2453 685	Petition to revive - unintentional			
1501 1,370	2501 685	Utility issue fee (or reissue)			
1502 490	2502 245	Design issue fee			
1503 660	2503 330	Plant issue fee			
1460 130	1460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))			
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))			
1801 790	2801 395	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 930.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Ferris H. Lander	Registration No. (Attorney/Agent)	43,377	Telephone (561) 625-6575
Signature	<i>Ferris H. Lander</i>		Date	5/3/2005

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